2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0000001365

Entity Name: KIWIPLAN INC.

Current Principal Place of Business:

7870 E. KEMPER RD SUITE 200 CINCINNATI, OH 45249

Current Mailing Address:

7870 E. KEMPER RD SUITE 200 CINCINNATI, OH 45249 US

FEI Number: 31-1610069

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM % C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Officer/Director Detail :					
Title	VICE PRESIDENT & ASSISTANT TREASURER	Title	OWNER		
Name	VENCLOVAS, RAMUNAS	Name	SIGNODE INDUSTRIAL GROUP LLC		
		Address	3650 WEST LAKE AVENUE		
Address	7870 E. KEMPER RD SUITE 200	City-State-Zip:	GLENVIEW IL 60026		
City-State-Zip:	CINCINNATI OH 45249	Title	DIRECTOR		
Title	DIRECTOR	Name	KROPP, RONALD D.		
Name	RAMIREZ, CARLOS	Address	7870 E. KEMPER RD SUITE 200		
Address	7870 E. KEMPER RD SUITE 200	City-State-Zip:			
City-State-Zip:	CINCINNATI OH 45249	Title	VP		
Title	DIRECTOR	Name	STENGER, NILS		
Name	BURGESS, MARK	Address	7870 E. KEMPER RD SUITE 200		
Address	7870 E. KEMPER RD SUITE 200	City-State-Zip:			
City-State-Zip:	CINCINNATI OH 45249	Title	VP		
Title	VP	Name	MCGEE, RODNEY		
Name	SEYMOUR, CHARLES	Address	7870 E. KEMPER RD SUITE 200		
Address	7870 E. KEMPER RD SUITE 200	City-State-Zip:			
City-State-Zip:	CINCINNATI OH 45249	Continues	on page 2		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD E. MORGAN SECRETARY 04/07/2018 Electronic Signature of Signing Officer/Director Detail Date

FILED Apr 07, 2018 Secretary of State CC2889163869

Certificate of Status Desired: No

Date

Officer/Director Detail Continued :

Title	VP	Title	ASSISTANT SECRETARY
Name	ALSTOTT, GARY	Name	POHLENZ, JULIUS
Address	7870 E. KEMPER RD SUITE 200	Address	7870 E. KEMPER RD SUITE 200
City-State-Zip:	CINCINNATI OH 45249	City-State-Zip:	CINCINNATI OH 45249
Title	ASSISTANT SECRETARY	Title	VP
Name	CHIDIAC, PATRICIA	Name	PISHA, CHAD
Address	7870 E. KEMPER RD SUITE 200	Address	7870 E. KEMPER RD SUITE 200
City-State-Zip:	CINCINNATI OH 45249	City-State-Zip:	CINCINNATI OH 45249
Title	SECRETARY	Title	TREASURER
Name	MORGAN, RICHARD E.	Name	KROPP, RONALD D.
Address	7870 E. KEMPER RD SUITE 200	Address	7870 E. KEMPER RD SUITE 200
City-State-Zip:	CINCINNATI OH 45249	City-State-Zip:	CINCINNATI OH 45249
Title	PRESIDENT		

Address 3650 WEST LAKE AVENUE

BURGESS, MARK

Name

City-State-Zip: GLENVIEW IL 60026